

**REPORT
FACSIMILE**

(1)	12-30-YY	CLIENT RETURNED SUPPORT						(2)	Nov/YY
MICHIGAN OFFICE OF CHILD SUPPORT									
(3)	FOC 99	REPORT NUMBER CRS-102						(4)	Page
(5)	CLIENT NAME	(6)	DSS CASE	(7)	ORDER ID	(8)	MO-YR	(9)	AMOUNT
	CURRIER, IVY		V1155555A		8812345DS		11-YY		70.00
	POHL, TAD		V2244444A		8754321DP		11-YY		30.00
(10)	TOTAL								100.00

**REPORT
DESCRIPTION**

Item	Description
1	Date of the report.
2	Month and year for which incentives are being paid.
3	Two-digit county number of the Friend of the Court.
4	Page number of report if more than one.
5	Name of the IV-D client.
6	DSS case number
7	Court Case number.
8	The month and year the client remitted the support collection to the local DSS office.
9	The amount of the collection remitted to the local DSS office.
10	Total of collections remitted to the local DSS office.